



This statement must be prepared and signed by the appropriate official from the college or university where your Administrative Supervisor's Preparation Program was completed.									
Candidate Information:									
Last Name				First Name				MI	
Address				City			State		Zip Code
Last Four Digits of SSN			Birth Date			Former Name(s)			
To be completed by the college or university where the applicant completed his/her Administrative Supervisor's preparation program. Please complete the information requested below and mail this form to the candidate at the address shown above									
Name of College/University									
City/State									
Is your institution regionally accredited?				<input type="radio"/> Yes Name of regional accrediting agency _____ <input type="radio"/> No					
Accreditation of Administrative Supervisor Preparation Program		<input type="radio"/> CAEP <input type="radio"/> NCATE <input type="radio"/> State <input type="radio"/> Other i.e. Alternative route. (please describe) _____							
Type of Administrative Preparation Program (This administrative endorsement is issued in specific fields such as math, music, and school counseling, etc.)		<input type="radio"/> Supervisor of _____ In order to qualify for an Administrative Supervisor endorsement the preparation program must include a supervised Practicum/Internship <input type="radio"/> The university program meets this requirement <input type="radio"/> The university program does not meet this requirement							
Type of Master's Degree		<input type="radio"/> Master's Degree _____							
I attest that the above named candidate completed an administrator's preparation program as indicated above. This program leads to licensure in the state of _____.						College Seal			
Signature					Printed Name & Title				
Date			Email Address				Phone Number		